

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection
SIGNIFICANT INCIDENT REPORT

RESTRICTIONS: None					
1. DATE OF INCIDENT: 7/23/2009		LOCATION OF INCIDENT:		SIR NUMBER:	
TIME OF INCIDENT: 9:10 PM		Campo, California		(b)(7)(E)	
REPORTED TO COMMISSIONER'S SITUATION ROOM VIA PHONE ON:					
DATE: 7/24/2009		TIME: 12:37 AM		TO: (b)(6) & (b)(7)(C)	
2. REPORTING OFFICE:		DFO/SECTOR:		POE/STATION:	
Office of Border Patrol		San Diego Sector		Campo Station	
PERSON MAKING REPORT:		(b)(6) & (b)(7)(C)			
OFFICE PHONE: (b)(6) & (b)(7)(C)		CELL PHONE:		FAX NUMBER: (b)(6) & (b)(7)(C)	
POINT OF CONTACT:		(b)(6) & (b)(7)(C)			
OFFICE PHONE: (b)(6) & (b)(7)(C)		CELL PHONE:		FAX NUMBER: (b)(6) & (b)(7)(C)	
OFFICE PHONE:		CELL PHONE:		FAX NUMBER:	
3. Type OF INCIDENT: <input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY					
Category		Type		Sub Type	
4. SYNOPSIS: (USE CONTINUATION SHEET IF NECESSARY)					
See Attached Continuation					
SEIZURE TYPE:		QUANTITY:		VALUE:	
NUMBER OF ARRESTS:		MALE:		FEMALE:	
				CITIZENSHIP:	
5. NOTIFICATIONS MADE:					
1. <input checked="" type="checkbox"/> TELEPHONIC REPORT TO COMMISSIONER'S SITUATION ROOM		(b)(6) & (b)(7)(C)		7/24/2009 12:37 AM	
2. <input type="checkbox"/>		Email Sent: <input type="checkbox"/>			
3. <input type="checkbox"/>		Email Sent: <input type="checkbox"/>			
6. INJURIES/FATALITIES:					
NAME AND EXTENT OF INJURY:		AGENT		EAP ADVISED	
1. Robert, Rosas gun shot wounds		No		No	
2.					
NAME OF FATALITIES:					
1.					
2.					
7. NATIONAL TARGETING CENTER NUMBERS:					
8. MEDIA INTEREST EXPECTED:					

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[illegible]